

“GET ALARMED, TENNESSEE !”

Smoke Alarm Request Form

Fire Dept. or
Organization _____

Street Address _____

City, State, Zip _____

Contact Name _____

Contact Phone _____

of Alarms requested _____
Maximum of 250 per request

Would you like a 1 hour training class on the proper installation of
smoke alarms ? _____

Smoke alarms will only be given to organizations that will install them.
Alarms are not to be given away or distributed in any other way. By signing
below, I certify compliance for all smoke alarms received through this
program.

Signature of organizations President, Chief or highest executive

Questions, or to book training class please contact...

Jeff Huddleston

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